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| PICK-UP | WAIT | MAIL |
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| Certified Copies | _ Certificates | s of Status |
| Special Instructions to | Filing Officer: | |
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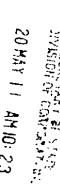
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COVER LETTER .

| TO: New Filing Section Division of Corpora | itions | | • | | |
|---|------------------------------------|-----------|--------------------------------|--------|--|
| SUBJECT: 1st impression to | | arrier se | ervice LLC | | |
| SUBJECT: | (Name of Res | ulting Fl | orida Limito | ed Con | ıpany) |
| | | | | | d fees are submitted to convert an "Other coordance with s. 605.1045, F.S. |
| Please return all correspond | lence concerning | g this n | natter to: | | |
| Lashay Mcdonald | | | | | |
| (Cor | itact Person) | | | | |
| (Fire | n/Company) | | | | |
| 2958 Montclaire ave | Address) | <u>.</u> | | | |
| Fort Myers Florida 33901 | Addiessy | | | | |
| (City, Sta | nte and Zip Code) | | | | |
| lashaymcdonald5@gmail.com | า | | | | |
| E-mail Address: (to be used to | for future annual re | port noti | fications) | | |
| For further information con | cerning this ma | tter, ple | ase call: | | |
| lashay mcdonald | | _at (_20 |)3 | 747-0 | |
| (Name of Contact Perso | m) | _ `_(| Area Code) | (Day | time Telephone Number) |
| Enclosed is a check for the dollars and drawn on a bank | - | | • | rocess | sed by this office must be payable in US |
| | 55.00 Filing Fees ertificate of | | 0.00 Filing l ertified Copy | | □\$185.00 Filing Fees. Certified Copy, and Certificate of Status |
| Mailing Address: New Filing Section | | | - | | Address: Filing Section |
| | | | | | on of Corporations |
| P.O. Box 6327 | | | | | entre of Tallahassee |

2415 N. Monroe Street. Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314

Articles of Conversion

For

"Other Business Entity"

Into

Florida Limited Liability Company

The Articles of Conversion <u>and attached Articles of Organization</u> are submitted to convert the following "Other Business Entity" into a Florida Limited Liability Company in accordance with s.605.1045, Florida Statutes.

| 1. The name of the "Other Business Entity" immediately prior to the filing of the Articles of Conversion is: 1st impression transportation&carrierservice LLC |
|---|
| (Enter Name of Other Business Entity) |
| 2. The "Other Business Entity" is a LLC |
| (Enter entity type. Example: corporation, limited partnership, general partnership, common law or business trust, etc.) |
| First organized, formed or incorporated under the laws of |
| (Enter state, or if a non-U.S. entity, the name of the country) |
| 07/01/2019 on . |
| (date of organization, formation or incorporation) |
| 3. The name of the Florida Limited Liability Company as set forth in the attached Articles of Organization : 1st impression transportation & carrier service LLC |
| (Enter Name of Florida Limited Liability Company) |
| 4. If not effective on the date of filing, enter the effective date: |
| (The effective date: Cannot be prior to date of receipt or filed date nor more than 90 calendar days after the date this document is filed by the Florida Department of State.) Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records. |
| 5. The plan of conversion has been approved in accordance with all applicable statutes. |
| 6. The "Converted or Other Business Entity" has agreed to pay any members having appraisal rights the amount to |

which such members are entitled under ss. 605.1006 and 605.1061-605.1072, F.S.

| Signed this 27 day of April | |
|---|---|
| Signature of Authorized Representative of Limi | ted Liability Company: |
| Signature of Authorized Representative: | Title: CEO |
| Signature(s) on behalf of Other Business Entity: | [See below for required signature(s)] |
| Signature: John MC Jones Printed Name tashay medonald | |
| Printed Name tashay rhodonald | Title: CEO |
| Signature: | |
| Signature:Printed Name: | Title: |
| Signature:Printed Name: | |
| Printed Name: | Title: |
| Signature:Printed Name: | |
| Printed Name: | Title: |
| Signature:Printed Name: | |
| Printed Name: | Intle: |
| Signature: Printed Name: | |
| Printed Name: | I itle: |
| If Florida Corporation: | 06 |
| Signature of Chairman, Vice Chairman, Director, or If Directors or Officers have not been selected, an In- | |
| <u>If Florida General Partnership or Limited Liabili</u> | ty Dartnership |
| Signature of one General Partner. | ty Farthersings. |
| If Florida Limited Partnership or Limited Liabili | ty Limited Partnership: |
| Signatures of ALL. General Partners. | |
| All others: | |
| Signature of an authorized person. | |
| Fees: | |
| Articles of Conversion: | \$25.00 |
| Fees for Florida Articles of Organization: | \$125.00 \$30.00 (Ontional) |
| Certified Copy: Certificate of Status: | \$30.00 (Optional) \$5.00 (Optional) |

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

| ARTICLE 1 - Name: | | | |
|--|--|-----------|-------------------|
| The name of the Limited Liability Company | is: | | |
| | | | |
| 1st impression transportation & carrier service LL | LC | | |
| (Must contain the words "Limited Liab | bility Company, "L.L.C.," or "LLC.") | | |
| ARTICLE II - Address: | | | |
| The mailing address and street address of the | e principal office of the Limited Liability Co | mpar | ıy is: |
| Principal Office Address: | Mailing Address: | | |
| 2958 montclaire ave | | | |
| Fort Myers | | | |
| Florida 33901 | | | |
| ARTICLE III - Registered Agent, Register (The Limited Liability Company cannot serve as its own Repulsiness entity with an active Florida registration.) The name and the Florida street address of the | egistered Agent. You must designate an individual or anoth | | NOISTAIC SCORE |
| lashay mcdonald | | | SE. |
| Na | ame | 752 | |
| 2958 montclaire ave | | AM 10: 23 | |
| Florida street address (P | P.O. Box <u>NOT</u> acceptable) | 23 | |
| Fort myers | FL 33901 | | - |
| City | Zip | | |

Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S..

egistered Agent's Signature (REQUIRED)

(CONTINUED)

| | | The name and address of each person Company: | authorized to manage and control the Limited Liability | | |
|-------|-----------|--|--|--|--|
| | | Title: "AMBR" = Authorized Member | Name and Address: | | |
| (itk | > | "MGR" = Manager | Lachau Madanald | | |
| (17 K | | > pranagec | Lashay Mcdonald 2958 Montclaire ave | | |
| | | , | Fort myers | | |
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| | | (Use attachment if necessary) | | | |
| | | | | | |
| AR | TTC | LE V: Other provisions, if any. | | | |
| - | | | | | |
| | | | | | |
| | | | | | |
| | , , | REQUIRED SIGNATURE: | | | |
| (| , —, , | De friskal 11/C.1 | 1 kma(-+) | | |
| | | | | | |
| | | This document is executed in accordance w | n authorized representative of a member ith section 605.0203 (1) (b), Florida Statutes, I am aware that ent to the Department of State constitutes a third degree felony | | |
| | | lashay modonald | | | |
| | | Турс | ed or printed name of signee | | |
| | | | Filing Fees | | |

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent
\$ 30.00 Certified Copy (Optional) \$ 5.00 Certificate of Status (Optional)

ARTICLE IV-